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ABSTRACT

Intended for use by local Head Start programs, the manual is designed to facilitate and improve the integration of components in the delivery of services to handicapped children and their families. The document is divided into four units, each designed for use as a 1 1/2-hour staff session. Unit I focuses on the issues of defining and clarifying job responsibilities and on recognizing some of the elements of conflict within and between various roles. Unit II gives ways of achieving coordination with other components by studying the elements of teamwork design, understanding the tasks of responsibility in each component, identifying potential areas for coordination, and identifying specific activities for achieving coordination on tasks. Described in Unit III on interstaff communications and interactions are exercises to develop greater group participation. A final unit provides information on the utilization of a staff session to plan and coordinate services to the handicapped child and his family and includes suggested procedures and role of the leader in conducting the meeting. case material, and useful planning forms. (SBH)

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THE INTEGRATION OF HEAD START COMPONENTS

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A Materials Manual

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Rationale For Achieving An Integation Of Head Start Components

INTRODUCTION

This manual is designed to be used by local Head Start programs to facilitate and improve the integration of components in the delivery of services to handicapped children and their families. Within the last few years, we have seen that mainstreaming of handicapped children has required additional programing and training within Head Start programs as well as increased coordination services from other community agencies. This experience has demonstrated the crucial need for a smooth and coordinated meshing of the roles and responsibilities of the various Head Start components. It has also emphasized the challenge and opportunity of making the Head Start programs a vital, integral and recognized part of the community services network.

The manual includes information and activities designed to provide:

1. Clarification of roles and responsibilities for all component heads.
2. Examination of problems, strategies and areas of needed component coordination.
3. Improvement of communication skills and interpersonal relationships among component heads.
4. Experience in utilization of staff conferences as an essential structure for planning and implementing services to handicapped children and their families.

Format:

The format is designed to be used as a series of four staff sessions of about 1½ hours each. Each unit has a specified focus and is arranged to stand as a separate entity, therefore some programs may elect to use only selected units. The sequence does provide continuity, but is not required to obtain benefit from each individual section. The manual is planned as a guideline and resource. It is by no means intended to be limiting or exhaustive in its treatment. Creativity and variation in its use should permit improvement and individualization to meet each program's unique needs.

Although it will be more convenient to provide a manual for each participant, it is also possible to minimize the cost by excerpting and duplicating those forms which each staff member will need to complete. Permission is herewith granted to duplicate sections for training purposes.

Orientation and Leadership:

In planning for such training it should be emphasized that we advocate the objective examination of roles, responsibilities, procedures, program structures, and communication techniques. We would not advocate the group examination of existing interpersonal difficulties within the group setting without the leadership of a trained professional to keep the discussion on a constructive course. Sufficient instructions are included to enable any director or component head to coordinate the activities and facilitate the training with the possible exception of Unit 3. There could be some real merit in asking an experienced mental health professional to lead Unit 3 since they can bring objectivity and additional skills and resources to the group.

Coordinated Media:

"Integration of Head Start Components" is an appeal to Head Start personnel to work together as a team in coordinating services to young, disadvantaged children. As the first in a two-part series, this presentation provides a perspective of Head Start through a brief history of Head Start, the rationale for coordinated efforts, steps to improve team work, and the benefits that can be expected.

"Roles and Responsibilities of Head Start Coordinators" is the second of a two-part series. To increase understanding, support, and involvement in the integration of Head Start components, this presentation focuses on the roles and responsibilities of Head Start Coordinators. All responsibilities are not identified. Rather, emphasis is placed on those areas which overlap two coordinators or where collaborative efforts result in maximum benefit for all involved. The coordinators described are Social Services, Parent Involvement, Education, Health, Nutrition, Handicap and Director.

Closure and Follow Through:

Training without built-in closure and follow through, often seems to evaporate with no remaining tangible results. Accordingly, at the end of Unit 4 there is a form designed to assist the staff in determining their own objectives, anticipated dates of completion and plans for self-assessment in their progress. Such regular re-evaluation can both point up additional programmatic and training needs as well as provide an objective measure of accomplishment in the component integration effort.

Because this manual represents an innovative endeavor, we welcome feedback and suggestions for improvement. Best wishes in your work to enhance the services to Head Start children and families.

Dorothy Cansler & Donna Pinkstaff

THE INTEGRATION OF HEAD START COMPONENTS RESULTS IN COMPREHENSIVE SERVICES

Since its official beginning in May of 1965, more than 5½ million children have been enrolled in Head Start. Currently 1200 grantees across the nation in 9400 centers are serving 349,000 children including the handicapped. These centers employ nearly 80,000 professionals and paraprofessionals. These have enlisted the services of more than 100,000 volunteers, including parents.

Project Head Start is a program for the economically disadvanted pre-school child. It is based on the philosophy that:

1. a child can benefit most from a comprehensive inter-disciplinary attack on his problems at the local level.
2. the child's entire family, as well as the community, must be involved in solving the problems.

The broad goals for services to the child and family of the Head Start Child Development Programs are:

* improving the child's health.

* helping the child's emotional and social development by encouraging self-confidence, self-expression, self-discipline and curiosity.

* improving and expanding the child's ability to think, reason and speak clearly.

* helping children to gain wider and more varied experiences which will broaden their horizons, increase their ease of conversation and improve their understanding of the world in which they live.

* offering the child frequent chances to succeed.

* developing a climate of confidence for the child which will make him want to learn.

* helping the child and family to develop a responsible attitude toward society and fostering feelings of belonging to a community.

The Head Start organization delegates specific service responsibilities to individual components -- these being Health, Education, Parent Involvement, Social Services, Nutrition. Yet, the program offers a comprehensive approach of providing services to the child and family. So, each component is in effect a division of a team, coordinating services in one special area that flows into the comprehensive program of service delivery. In addition, some staff members assumed two roles, resulting in increased responsibility, and creating conflict in establishing job priorities. The problems of role ambiguity, role overlap, and role conflict often resulted in confusion; and services to children and families diminished. These difficulties have been routinely compounded by changing program policies, and the annual shifts in program efforts, both of which increase the need for job clarification. In addition to the role and organizational difficulties, the human problems of poor communication, personnel turn-

over, and territoriality hindered the integration of the Head Start components. As feelings of job isolation and territoriality increase, services to children were either duplicated or diminished by a lack of sharing information among component coordinators. With the advent of the handicap effort, the demand for an integrated approach in relating to a wide variety of community resources required a renewed spirit of cooperation. There are many ways in which groups of people can improve their functioning as a team.

STEPS TO IMPROVE INTEGRATION

The steps that are listed below are provided as SUGGESTIONS which, if followed, will provide the Head Start team with a common framework within which they can begin to work together in providing services to children.

1. SHARED COMMITMENT

All staff components can better integrate their efforts if they have a shared idea of what integration can achieve in the program - a common understanding of consequences that will benefit all.

1. ROLE RECOGNITION

All components need to understand their own roles and responsibilities, as well as their unique personal strengths and assets. Such recognition can facilitate the complementariness of roles and persons serving children.

3. COMMUNICATION

Inter-component communication is the vital first step in beginning a team approach. Communication can be verbal or written; in planned meetings or brief informal contacts; informing others of needs identified, contacts made, or resources available.

4. COORDINATION

After communicating, program components can avoid duplication of efforts by planning together. Coordination of activities can facilitate participation and maximize the use of resources, materials and public information.

5. COLLABORATION

As staff members begin to communicate and coordinate their plans, they will begin to recognize the value and efficiency of sharing responsibilities in implementing the various aspects of the program.

6. INTEGRATION

The final goal of teamwork is achieved when the component heads plan and implement the entire program with a knowledge of the overall goals and a recognition of each person's contribution. The feeling of participation in a team effort improves the morale of the staff as the quality and effectiveness of a program becomes a source of group pride.

Integration of components into a unified program structure and the coordination of service provision is Head Start's programmatic basis. Yet, the isolation of components and service efforts can occur with the Head Start program as individual team divisions focus too intensely on their own territory and minimize coordination with other program components. This lack of coordination can result in duplication of services, inadequate services provision, fragmented program for child lacking continuity from area to area, and ineffective or inadequate program development in training and service.

Role Clarification

Unit 1

UNIT 1

ROLE CLARIFICATION

This unit focuses on the issues of defining and clarifying job responsibilities and on recognizing some of the elements of conflict within and between various roles. An individual must achieve an understanding of his own role and job performance before he can move towards coordination with other roles. If there is an omission of a job description or if the demands of the position create conflict, a person cannot effectively work with a team approach until these blocks are removed. Some of the blocks must be removed by the individual's close analysis of the position he has assumed by examining the responsibilities, the skills required, his ability and motivation, and the areas of conflict both intra-personal and interpersonal. Other blocks to role clarification can be removed by the group process of a staff providing information and varying perceptions about component roles.

This unit is designed to allow Head Start personnel both individually and collectively as a program team to provide clearer meanings to job descriptions and realistic approaches to removing conflict in role clarification. The time required for this session can vary from an hour to two hours depending on the length of group discussion.

The slide/tape presentation on Integration of Components in Head Start both Parts I and II should be used during this session. Part I provides explanation on the problems that arise in role clarification and the steps to be taken in achieving component integration. Part II presents an in-depth view of separate component roles, the job responsibilities, and the areas where coordination can occur. The media should be used in conjunction with the materials and not as a substitute for information giving and sharing among staff members.

The following format is a suggested one for conducting a staff session on role clarification.

I. Role Responsibility Survey: Have individual staff complete this form without entering into discussion with each other. These can be done anonymously and then collected by the program director. The surveys when compiled offer a valuable profile of the staff's understanding of various roles and task acceptance.

II. Program Component Inventory: Each component coordinator should complete this form as honestly as possible. This information should not be shared at this time with others.

III. Discussion based on manual text of role conflict, role overlap, role ambiguity, multiple roles. The definitions of these should be explored by the group.

MEDIA PRESENTATION - PART I

Following the media presentation a verbal review of definitions with modifications to meanings is appropriate. The staff collectively should share some information from the component inventory forms and relate this to the media and discussion content.

Program Component Inventory: Solution Analysis

This exercise can be adapted in a variety of ways. Component coordinators can use the component inventory sheet as a basis for devising their own job description and delineating areas of role conflict. Or, different component coordinators may compose a job description for another component based on their perceptions of the job. However the exercise is used, the value will come in analyzing as a staff individual job elements for each program component.

The Personnel Management and Program Structure Analysis can be completed by the administrative staff, then shared and critiqued by all staff.

The job descriptions provided in the manual are based on the revised Performance Standards and can be used to isolate major tasks for component coordinators.

MEDIA PRESENTATION - PART II: COMPONENT COORDINATOR ROLES IN HEAD START

A director must assume a facilitative role in this staff session. If persons are to enter into meaningful analyses of roles, an atmosphere of acceptance must be established. Defensive behavior by members will thwart the development of ideas and information disclosure. Likewise, persons must focus on job responsibilities and not on personal attributes of other staff or personality conflicts.

The session should provide definitions and better understandings of individual component roles.

ROLE RESPONSIBILITY SURVEY

Responsibility from Performance Standards	Based on Perf. Stds. who should assume major responsibility for this task?	Who else should be involved in this task?	Who is performing this task in your program now?
Assumes responsibility for writing, implementing and evaluating the parent program that meets objectives of performance standards.			
Provides procedures for evaluating employee performance			
Identify nutritional needs and problems of children			
Meet with parents, staff, policy group to discuss education objectives and performance standards			
Families receive education in selection and preparation of foods to meet the family needs			
Identifies family needs for which community services are absent or inadequate and works with other agencies to develop programs to meet these needs.			
Channels information/materials to program coordinators for use in establishing training for parents and staff in services to handicap children			
Provide a job description for each job in the program			
Provides assistance, materials available in setting up recruitment campaign for handicapped children.			

Responsibility from Performance Standards	Based on Perf. Stds. who should assume major responsibility for this task?	Who else should be involved in this task?	Who is performing this task in your program now?
Coordinates with other program personnel physical provisions for handicapped children to ensure their safety and comfort			
Develops and implements plan for the recruitment and enrollment of regular children and handicap children			
Assumes responsibility for recruiting, training and involving parents in program			
Conducts on-going classroom assessment of child's development			
Assists when needed in collecting records on child recruited, particularly from resource agency			
Provides a program for career development and staff training			
Arranges a classroom environment conducive to learning and reflective of the different stages of development of children			
Provides counseling, emergency assistance or crisis intervention to families			
Coordinates collection of medical, dental history, screening and examinations			
Supervise development of an individualized educational plan to meet the needs of each child			
Provide procedures for orientation of new employees			
Arrange and coordinate opportunities for parents to enhance their parenting skills			

Responsibility from Performance Standards	Based on Perf. Stds. who should assume major responsibility for this task?	Who else should be involved in this task?	Who is performing this task in your program now?
Supervise procedures for on-going observation, recording and evaluation of each child's progress			
Coordinates diagnoses by sharing information on available local, state, regional resources/ efforts providing screening/diagnostic services			
Develops and uses individualized approaches to teaching all children meeting the special needs of each			
Conduct regularly scheduled staff meetings			
Maintains information on available community resources, makes appropriate referrals and follow-up to assure delivery of needed services			
Assumes responsibility for acquiring needed follow-up treatment to children with health defects, special needs			
Plans and implements regular communication between Head Start program and parents			
Serves as liaison for program to specially funded and relates service and training needs from program to specially funded			

CODE

T = Teacher
D = Director
EC = Education Coordinator
HdC = Handicap Coordinator
HeC = Health Coordinator
PC = Parent Involvement Coordinator
SSC = Social Services Coordinator
NC = Nutrition Coordinator

DEFINITIONS IN ROLE CLARIFICATION PROCESS

Role Ambiguity

This can occur when there is a lack of defined job functions, responsibilities, and skills required to perform in that role. While a job description may be reviewed at initial hiring, the dimensions can change according to program structures, new service efforts, or altered service efforts. Redefinition of a role may be necessary when these forces occur.

Role Overlap

The overlapping of lines of responsibliity often occurs when a program's structure is one of comprehensive service delivery as in Head Start. While components are to provide specific services, the accomplishment of an integrated approach in management requires the sharing of some tasks - thus overlap. While overlap is not inherently a conflicting state, it can stimulate job isolation or territoriality behaviors.

Role Conflict

Intrapersonal (conflicting demands)

An individual may find that his role places conflicting demands on him. In order to achieve one goal he must sacrifice, alter, or subvert efforts to achieve another goal.

Interstaff

There may exist conflicting perceptions of an individual's job functions among a program staff. If expectations of job performance conflict, the individual is caught in a no-win situation: to satisfy one set of performance expectations he must nullify another set.

Multiple Roles

An individual may be required to assume two or even three job positions simultaneously. Of course,responsibilities are greatly increased, and the individual faces the constant task of setting priorities not only within one role but between two or more roles. If the individual can identify analogous or similar areas in job responsibilities among the roles, the conflict arousal can be reduced as he accomplishes tasks in different roles with the same or similar approaches.

PROGRAM COMPONENT INVENTORY

Component Group

Record:

1. Need of role clarification in your position:

2. Areas of role conflict affecting your job performance.

3. Specific problem areas directly affecting your component's coordination with other program components.

PROGRAM COMPONENT INVENTORY:

Solution Analysis

NAME OF PROGRAM: _____

NAME OF COMPONENT IN INVENTORY/ANALYSIS:

As a program staff discuss the job responsiblities and role clarification of this component. Refer to the materials included in the manual regarding this role. After some group discussion, record a concise but comprehensive job description of this component coordinator.

JOB DESCRIPTION FOR: _____

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Discuss as a program staff or individually ways of resolving the role conflict, role overlap, role ambiguity as recorded by components. Be specific and direct in your recorded suggestions.

I. Role Conflict

a. Intrapersonal (conflicting demands)

b. Interstaff

c. Multiple Roles

II. Role Overlap

III. Role Ambiguity

Discuss as a program staff ways of resolving the specific problems of coordination recorded by component buzz group. Record a solution approach for each of the problems listed.

Problems Affecting Coordination

PERSONNEL MANAGEMENT AND PROGRAM STRUCTURE ANALYSIS

NAME OF PROGRAM _____

As a program staff discuss in detail the listed areas of personnel management and program structure. Following the discussion, record below the group's suggested methods of establishing and maintaining these management areas within the Head Start program so that these contribute to the integration of components within the total program.

PERSONNEL MANAGEMENT

(1) Development procedures of job specifications for each program position.

(2) Job Orientation Procedures for New Employees

(3) Formal Evaluation Procedures of Employees

(4) Program of In-Service Training for All Employees

PROGRAM STRUCTURES

(1) Development of Communications System Within Program

(a) Written (Formal and Informal)

(b) Verbal (Formal and Informal)

(2) Development of Program Staffings Concerning Service Issues for Children, Parents, Staff

(3) Additional Program Structures to Be Designed for Facilitating Integration Within Program

PERFORMANCE STANDARD EXCERPTS:
COMPONENT COORDINATION

The following pages contain excerpts from the Performance Standards, Revised Edition, 1975. They are categorized by component and placed in a job description format.

The standards excerpted are those directly applicable to coordination of service efforts among program components and, also, those which obviously involve services to handicapped children as well as other Head Start populations.

The usefulness of this edited synthesis will vary among individuals. It can, however, serve to highlight in a clearer manner ways of achieving integration among program components in Head Start so that the provision of services will be comprehensive yet free from duplication.

Program coordinators may wish to utilize this listing as a model or springboard for isolating specific job tasks and then identifying ways of coordinating these with other program personnel.

JOB CLARIFICATION/ANALYSES

Procedures Set in Performance Standards

Within the guidelines established by OCD for Head Start Administrative levels there exists a brief but pronounced reference to the need for job analyses, job descriptions and job specifications -- these are noted as separate but interrelated aspects of personnel management within Head Start programs. The definitions for these elements are given as:

JOB ANALYSIS: process of analyzing a job that encompasses each facet of the job. Techniques used for this analysis include:

1. worker description
2. worker-analyst interview
3. analyst observation

JOB DESCRIPTION: a product of job analysis. This should include

1. job title
2. job summary, briefly outlining major tasks of job
3. job breakdown, listing tasks and duties in terms of time spent
4. materials/equipment used on the job
5. * relationship to other jobs in terms of supervision and promotion
6. skill, experience and other personal qualifications required
7. training required
8. compensation, working hours, special working conditions

JOB SPECIFICATIONS: information from job descriptions concerning special qualifications required by employee. These specifications are used to match applicants with jobs suited to their training and ability.

The following excerpts from the administrative policy manual emphasize job responsibilities of the Head Start director regarding maintenance of personnel policies on job clarification. These excerpts have not been treated in the same manner as the other excerpts, that is providing specific means of coordination. This does not imply that coordination with and by the Head Start director should not occur. Contrarily, the director will most often be a major source for coordination. Yet, many of the administrative standards presented here contain built-in coordination activities such as conducting regular staffings, orientation procedures for new employees, formal employee performance evaluation, and other such activities requiring coordination in order to achieve the standard.

DIRECTOR'S ROLE

ADMINISTRATION

Personnel Management

Management Activities

1. Establish procedures for designating employee(s) as responsible for personnel management.

2. Develop personnel policies and procedures and set these in writing available to all staff.

3. Maintain a staffing pattern in conformance with HEW/OCD guidelines.

4. Maintain personnel files for each employee including at a minimum:

   - Position description
   - Evaluation forms
   - Employee application and hiring

5. Provide a job analysis for each position.

6. Provide a job description for each job in the program including:

   - Tasks and duties including percentage of time on each
   - Clearly delineated lines of supervision, authority and responsibility.

- There should exist fully developed job specifications for each job in the program.

- A program for career development and staff training should comprise:
  - A plan for training entire staff including pre-service and in-service training.

- A program should have procedures for orientation of new employees to their job and to the program as a whole.

  This should involve review of personnel policies and procedures manual (performance standards) or other written policy. Review any written orientation procedures, checklists, etc. Interview personnel staff about orientation procedures. Recently hired employees should be interviewed concerning their orientation procedures.

- The program should have formal procedures for evaluating employee performance.

  - Evaluation of tasks
  - Evaluation of personal traits
  - Direct relationship between evaluation and job description.

- A program administrator should hold regularly scheduled staff meetings with feedback available from the staff concerning the staff meetings.

- Observations should occur of staff interaction to determine if motivation is positive or negative.

- Interview personnel staff concerning procedures (written or unwritten) used for obtaining feedback on overall feelings of employees to the personnel policies and procedures.

ADMINISTRATIVE POLICY REGARDING TRAINING

- Establish procedures for training program to include:

  - compliance issues
  - management/administration operations
  - staff capabilities and interests
  - identify program strengths and weaknesses

- Provide interviews of staff as needs assessments for training

- Training program should include orientation and on-going training activities.

ADMINISTRATIVE ACTIVITIES REGARDING CHILD

- There should be procedures for compilation of a broad profile for each child providing generalizations about the apparent weaknesses and strengths of individual children.

  Processes should be established for the utilization/interpretation of the data.

  - Identification of areas where additional information should be gathered.
    (Reviewing selected records)

- There should be established procedures for regularly scheduling staff meetings which are used as "information pools".

STAFFINGS

- Discuss behavior problems
- Share information on problem solving
- Evaluate
- Request assistance from component coordinators

EDUCATION COORDINATOR

The Educational Coordinator must insure the provision to children of a learning environment and varied experiences to social, intellectual, physical and emotional development.

This coordinator should meet with parents, staff, policy groups to discuss education objectives and performance standards. The supervision of the writing of an educational plan that integrates educational aspects of various Head Start components in a daily program of activities is the education coordinator's responsibility.

The program should be designed to meet special and individual needs of children. Procedures of on-going observation, recording and evaluation of each child's progress should be supervised. The knowledge and understanding by parents and staff as to educational and developmental needs of children is important. Also, an effort should be made to identify and reinforce home experiences that parents can utilize as educational activities.

HEALTH COORDINATOR

The Health Component Coordinator provides for comprehensive health services program which includes a broad range of medical, dental, mental health, nutritional and health education services to preschool children, including handicapped children, to assist the child's physical, emotional, cognitive and social development toward the overall goal of social competence. This coordinator coordinates the establishment of a Health Advisory Board. The collection of medical, dental history and screening and examinations is coordinated. Diagnoses should be facilitated and obtained as early as possible after the child's entry into the program. The promotion of preventive health services and early intervention is vital. The Health Coordinator should provide the child's family with the necessary skills and insight to an ongoing health care system ensuring that the child continues to receive comprehensive health care even after leaving Head Start. It is this component's responsibility to acquire needed follow-up treatment to children with health defects and special needs. Some training/information-sharing activities with Head Start staff and parents on health education practices should be maintained. The coordination and building of a mental health services program is a task of the Health Coordinator.

SOCIAL SERVICES COORDINATOR

The Social Services Component coordinator implements and evaluates the overall social services plan. This coordinator develops and implements a plan for the recruitment and enrollment of regular children from disadvantaged homes and handicapped children in accordance with the legislative mandate.

Information should be collected on available community resources, process of making appropriate referrals, and follow-up to assure delivery of needed services. The provision of counseling, emergency assistance or crisis intervention to families should occur. The coordinator should establish a role of advocacy, when needed, for services to Head Start families. This involves identifying family needs for which community services are absent or inadequate and works with other agencies to develop programs to meet these needs.

The coordinator should establish and maintain confidential and pertinent family data including the enrollment forms, referral and follow-up reports, contacts with other agencies.

PARENT INVOLVEMENT COORDINATOR

The Parent Involvement Coordinator assumes responsibility for writing, implementing and evaluating the parent participation program that meets the objectives of the performance standards. This coordinator assumes responsibility for recruiting, training, and involving parents in four kinds of participation:

1. Policy making and program planning decisions.
2. Classroom participation as paid employees, volunteers, or observers.
3. Activities for parents which they help develop.
4. Work with their own children in cooperation with the staff.

The Parent Coordinator plans and implements regular communication between Head Start programs and parents and arranges and coordinates opportunities for parents to enhance their parenting skills.

NUTRITION COORDINATOR

The Nutrition Coordinator must identify the nutritional needs and problems of the children in the Head Start program and their families. This includes a nutritional assessment of children, family eating habits, and special dietary needs. The serving of meals/snacks in the day program is supervised by the Nutrition Coordinator. This should introduce a variety of foods to the child to broaden the food experiences.

Training should be coordinated for staff in principles of nutrition and their application to child development and family health.

Families should receive education in the selection and preparation of foods to meet the family needs.

LOCAL HANDICAP COORDINATOR

In 1973 it seemed necessary that each local Head Start program appoint a person to serve as local handicap coordinator. A specific person was needed to serve as a liaison between the local program and specially funded and state training offices. The local handicap coordinator's role was predominately one of personal contact and channeling of information. The coordinator was to be responsible for:

- delivering information and materials to the teachers and classrooms
- keeping in close touch with teachers and recording the training and service needs regarding handicapped children in their classrooms
- communicating to specially funded coordinators the training needs of the local program in handicap services effort.

The need to emphasize the integration of components in Head Start program requires that the Local Handicap Coordinator's role be examined with regard to ways of coordinating with other components. Comprehensive services to the handicapped child in Head Start must come from all component areas as these do for all children. There exist, however, particular needs in service delivery and training effort as multiply handicapped children continue to be recruited and integrated into local programs. The Local Handicap Coordinator should be aware of these needs and should be able to coordinate the necessary service delivery from the appropriate component.

The Local Handicap Coordinator's role requires:

Coordination with the Specially Funded Program Coordinator

* Maintain open channels of sharing and communicating both information and materials
* Provide needs assessments from local program regarding training/service areas
* Coordinate training sessions provided by Specially Funded
* Coordinate evaluation effort on training and services.

Component Coordination

Unit 2

Unit II

COMPONENT COORDINATION IN HEAD START

The integration of components into a unified program structure and the coordination of service provision is Head Start's programmatic basis. Yet, the isolation of components and service efforts can occur within the program as individual team divisions focus too intensely on their own territory, thus minimizing coordination with other program components. Such a lack of active component coordination can result in the duplication of services, inadequate services, fragmentation of services without continuity from area to area.

This session, requiring from one and a half to two hours, will provide focus on ways of achieving coordination with other components by:

1. Studying the elements of teamwork design
2. Understanding the tasks of responsibility in each component
3. Identifying potential areas for coordination
4. Identifying specific activities for achieving coordination on tasks.

The media presentation on Integration of Components Part II - Component Coordinator's Roles should be viewed even if it has been previously viewed in Unit I.

Discussion of specific jobs can be based on individual's reaction to media content as well as their completion of the Role Interaction Matrix for their own position only.

The teamwork diagram provides a flow chart of behaviors that occur from an integrated and a non-integrated method. These items should be examined and discussed, particularly the concept of team interdependence.

The Component Coordination Sets are based on job descriptions synthesized from Performance Standards and included in Unit I of the manual. The Coordination Sets isolate specific ways that individual component coordinators can establish a coordinated approach with other components.

Some of the sets should be completed by the staff. These have been left incomplete as to coordinating activities for that purpose.

The Johari Window is an exercise to be completed by individuals and shared as agreed on by the group. It is constructed to allow a person to analyze his communication and perceptions of his role as related to the role of others. The concept of self disclosure, sharing perceptions of ourselves as related to our job performance is the basis for the Johari Window.

The Case Study and Coordination Activity Matrix provides a problem solving activity where components can enter into a simulated staffing and discuss how coordination can occur with specific activities being isolated and noted. It is appropriate to divide components into dyads and have each dyad complete the activity matrix and discussion questions.

This session can help individuals identify and discuss the potential areas of coordination within a program's personnel and services structure. A lack of coordination among components often occurs because coordinators have not isolated specific tasks that can and should be achieved through coordinated efforts. These exercises were designed to facilitate this information-sharing.

INTEGRATION OF COMPONENTS
IN HEAD START

I. Levels of Coordination/Collaboration = Integration

- Understandings: this level of interaction refers to the simplest of exchanges but certainly vitally important to reaching collaboration on a task. Each coordinator must attempt to gain information on the areas of need for coordination and on the services available from various components within the Head Start program. Understandings can be communicated verbally or by written means or both. Understandings precede commitments of coordination but are vital to opening up communications and sharing of information among component coordinators.

- Expectations from another level of establishing coordination - one which is more specific regarding what activity is expected of each coordinator. -- That is, what type of service, information-sharing task is to be completed by each person involved in the provision of services through coordination of resources and responsibility.

- Commitments, Coordination: commitments are agreements that include delegation of tasks and management of service, among coordinators or between two coordinators. This final stage should encompass the delivery of the service to child or family through coordination of necessary component responsibilities.

II. The Component Coordination Process or How to Establish A Program of Integrated Services in Head Start

I. Identify those components needed in coordinating a specific task or service.

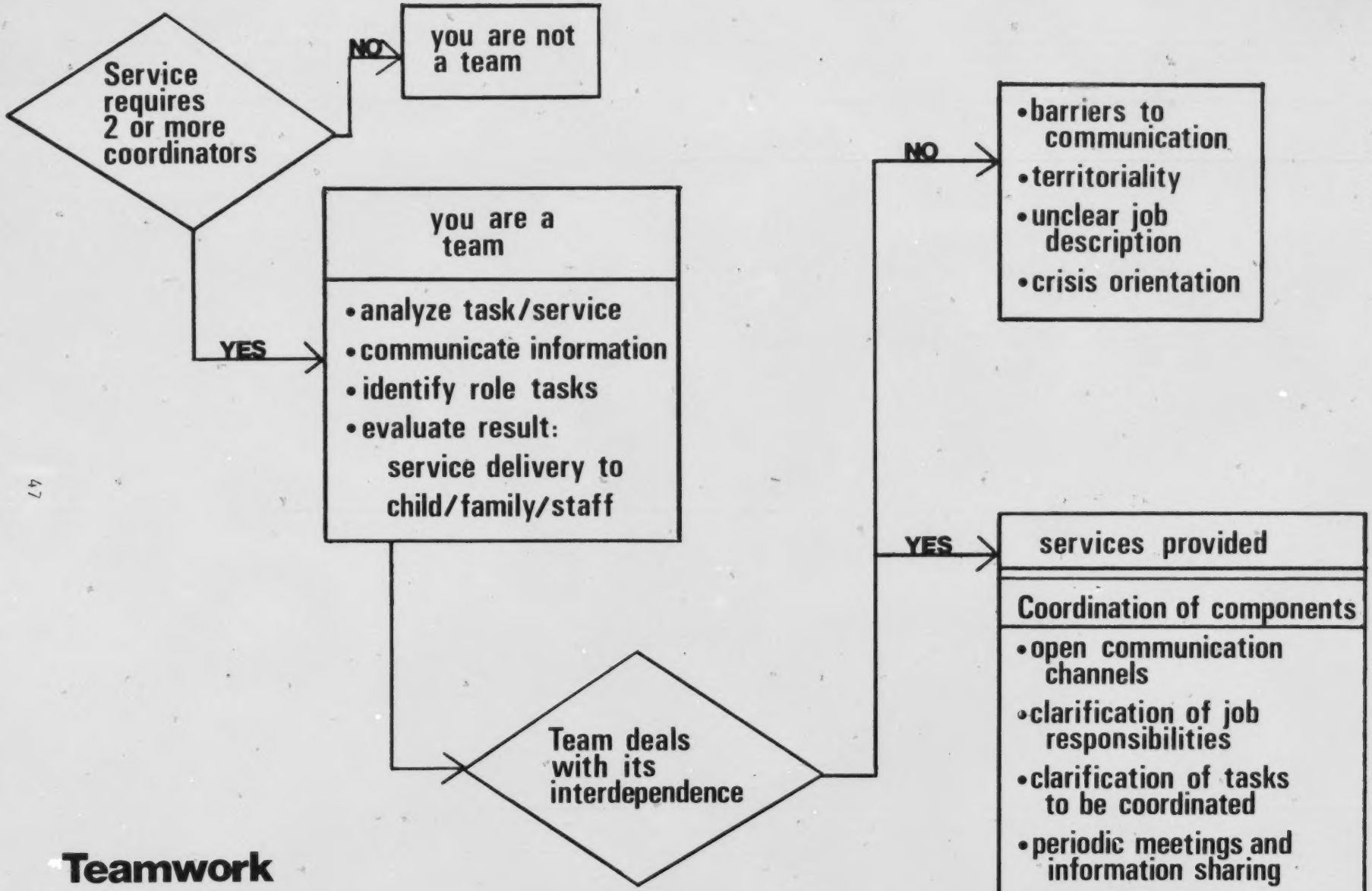
II. Come together and discuss
- what is the status of the situation
- what can each component contribute to reaching service delivery

III. Establish areas of coordination/collaboration
- where can components hook up and make services more comprehensive and with less duplication or isolation?

IV. Mutual goal setting: goals of each component may be individualized focusing on a specific need of child, family or personnel -- but coordination can result in mutual benefits for all involved.

Define roles and delineate responsibilities:
a. what is the major service to be provided?
b. what can each component contribute specifically? (task analysis)
c. when will tasks be completed: time frames with deadlines.
d. end results; outcome of coordination

V. Evaluation of results: documentation of coordination and provision of service.



Teamwork Flowchart

SELF-DATA IN
JOHARI WINDOW

List elements of your role that are known to self and others.

What I know about me, you know about me; and what you know about me, I know about me. Our communication is free and open. 1. 2. 3. 4.	You know something about me that I don't know. Our communication is not free and open. 1. (H) 2. (SS) 3. (PI) 4. (E) 5. (HC) 6. (D)
I know something about me that you don't know and that I keep from you. Here again our communication is restricted. 1. 2. 3.	I know nothing about me and nothing about you, and you know nothing about you and nothing about me. Communication and coordination between us is impossible. NO INTEGRATION OCCURS

List things you know. 1 for each component.

List things in your role you have not shared.

49

41

42

ROLE INTERACTION MATRIX

DIRECTOR

Note in each role space across from task the type of interaction you have with these people in performing this task. If there is no interaction involved with the person for that task, mark 0.

Job Responsibility	Director	Teacher	P.I.C.	S.S.C.	Health C.	Handi. C.	Educ. C.
Provide a job description for each job in the program							
Provide a program for career development and staff training							
Provide procedures for orientation of new employees							
Conduct regularly scheduled staff meetings							
Provide procedures for evaluating employee performance							

From the above list of job tasks select the two tasks which generate the most conflict in the performance of your job.

TASK	COMMENTS
1.	
2.	

List any other major area of conflict that you encounter in the performance of your job.

ROLE INTERACTION MATRIX

EDUCATION COORDINATOR

Note in each role space across from task the type of interaction you have with these people in performing this task. If there is no interaction involved with the person for that task, mark 0.

Job Responsibility	Director	Teacher	P. I. C.	S. S. C.	Health C.	Handi. C.	Educ. Co.
Supervise development of an individualized educational plan to meet the needs of each child.							
Supervise procedures for on-going observation, recording and evaluation of each child's progress							
Meet with parents, staff, policy group to discuss education objectives and performance standards.							

From the above list of job tasks select the two tasks which generate the most conflict in the performance of your job.

TASK	COMMENTS
1.	
2.	

List any other major area of conflict that you encounter in the performance of your job.

ROLE INTERACTION MATRIX

HANDICAP COORDINATOR

Note in each role space across from task the type of interaction you have with these people in performing this task. If there is no interaction involved with the person for that task, mark 0.

Job Responsibility	Director	Teacher	P.I.C.	S.S.C.	Health C.	Handi. C.	Educ. C.
Channels information/materials to program coordinators for use in establishing training for parents and staff in services to handicapped children.							
Provides assistance, materials available in setting up recruitment campaign for handicapped children							
Assists when needed in collecting records on child recruited, particularly from resource agency							
Coordinates diagnoses by sharing information on available local, state, regional resources/efforts providing screening/diagnostic services							

From the above list of job tasks select the two tasks which generate the most conflict in the performance of your job.

TASK	COMMENTS
1.	
2.	

List any other major area of conflict that you encounter in the performance of your job.

55

47

48

ROLE INTERACTION MATRIX

HEALTH COORDINATOR

Note in each role space across from task the type of interaction you have with these people in performing this task. If there is no interaction involved with the person for that task, mark 0.

Job Responsibility	Director	Teacher	P.I.C.	S.S.C.	Health C.	Handi. C.	Educ. C.
Identify nutritional needs and problems of children							
Families receive education in selection and preparation of foods to meet the family needs							
Coordinates collection of medical, dental history, screening and examinations							
Assumes responsibility for acquiring needed follow-up treatment to children with health defects, special needs							

From the above list of job tasks select the two tasks which generate the most conflict in the performance of your job.

	TASK	COMMENTS
1.		
2.		

List any other major area of conflict that you encounter in the performance of your job.

ROLE INTERACTION MATRIX

P.I. COORDINATOR

Note in each role space across from task the type of interaction you have with these people in performing this task. If there is no interaction involved with the person for that task, mark 0.

Job Responsibility	Director	Teacher	P.I.C.	S.S.C.	Health C.	Handi. C.	Educ. C.
Arrange and coordinate opportunities for parents to enhance their parenting skills							
Assumes responsibility for recruiting, training, and involving parents in program							
Assumes responsibility for writing, implementing and evaluating the parent program that meets objectives of performance standards							
Plans and implements regular communication between Head Start program and parents							

From the above list of job tasks select the two tasks which generate the most conflict in the performance of your job.

TASK	COMMENTS
1.	
2.	

List any other major area of conflict that you encounter in the performance of your job.

ROLE INTERACTION MATRIX

SOCIAL SERVICES COORDINATOR

Note in each role space across from task the type of interaction you have with these people in performing this task. If there is no interaction involved with the person for that task, mark 0.

Job Responsibility	Director	Teacher	P.I.C.	S.S.C.	Health C.	Handi. C.	Educ. C.
Develops and implements plan for the recruitment and enrollment of regular children and handicapped children							
Provides counseling, emergency assistance or crisis intervention to families							
Maintains information on available community resources, makes appropriate referrals, and follow-up to assure delivery of needed services							
Identifies family needs for which community services are absent or inadequate and works with other agencies to develop programs to meet these needs							

From the above list of job tasks select the two tasks which generate the most conflict in the performance of your job.

TASK	COMMENTS
1.	
2.	

List any other major area of conflict that you encounter in the performance of your job.

ROLE INTERACTION MATRIX

TEACHER

Note in each role space across from task the type of interaction you have with these people in performing this task. If there is no interaction involved with the person for that task, mark 0.

Job Responsibility	Director	Teacher	P.I.C.	S.S.C.	Health C.	Handi. C.	Educ. C.
Conducts on-going classroom assessment of child's development							
Develops and uses individualized approaches to teaching all children meeting the special needs of each							
Arranges a classroom environment conducive to learning and reflective of the different stages of development of children							
Coordinates with other program personnel physical provisions for handicapped children to ensure their safety and comfort							

From the above list of job tasks select the two tasks which generate the most conflict in the performance of your job.

	TASK	COMMENTS
1.		
2.		

List any other major area of conflict that you encounter in the performance of your job.

COMPONENT COORDINATION SETS

These Component Coordination Sets are based on job descriptions synthesized from Performance Standards and included in Unit I of the Manual. The Coordination Sets isolate specific ways that individual component coordinators can establish a coordinated approach with other components.

Some of the sets should be completed by the staff. These have been left incomplete as to coordinating activities for that purpose.

A. HEALTH COMPONENT

Elements of Health Component:

1) Provide a comprehensive health services program which includes a broad range of medical, dental, mental health and nutrition services to preschool children, including handicapped children, to assist the child's physical, emotional, cognitive and social development toward the overall goal of social competence.

2) Promote preventive health services and early intervention.

3) Provide the child's family with the necessary skills and insight and otherwise attempt to link the family to an ongoing health care system to ensure that the child continues to receive comprehensive health care even after leaving the Head Start program.

1A. Provides health screening and medical examinations for all children in the program.

* Coordinates with Social Service Coordinator to utilize available agency services for diagnoses.

* Coordinate and share information with Parent Involvement Coordinator; make appropriate information available to parents.

* Share information with Education Coordinator about child's condition.

* Coordinates with Handicap Coordinator on use of funds delegated to agency to provide diagnoses to handicapped children.

2A. Provide treatment and follow-up on all health problems detected.

* Coordinates with Social Service Coordinator to obtain services from agencies.

* Communicates necessary information about child and referred to Parent Involvement Coordinator.

* Communicates with Education Coordinator/Teacher regarding child's treatment and possible classroom observation, assessment, follow-up.

* Communicates and coordinates with Handicap Coordinator to use funds for direct services.

3A. Diagnoses should be facilitated and obtained as early as possible after entry of child.

* Coordinates with Social Service Coordinator to utilize available agency services for diagnoses, treatment.

* Collaborates and shares information with Education Coordinator and/or teacher that is vital for child's successful performance in classroom.

* Coordinates with Handicap Coordinator on use of funds delegated to agency to provide direct services to handicapped children.

* Coordinates with Handicap Coordinator the referral of children requiring special attention.

* Coordinates data of recruited child with Social Service Coordinator.

* Coordinates with Handicap Coordinator use of available and valid instruments for screening/assessment.

4A. Establishes and maintains individual health records of child's medical, developmental history, screening/diagnoses information, follow-up.

* Shares appropriate information with Parent Involvement Coordinator.

* Coordinates with Education Coordinator the translation of health findings into classroom recommendations to serve educational needs.

* Coordinates transference of data from resource agency from which recruitment centered with assistance of Social Service Coordinator and Handicap Coordinator.

5A. Maintain some training/information-sharing activities with Head Start staff and parents on health education practices.

* _____

6A. Assist in coordinating and building of Mental Health Services Program.

* _____

7A. Provide a nutrition plan that identifies the nutritional needs and problems of children.

* _____

B. EDUCATION COMPONENT

Elements of Education Component:

1) Provide children with learning environment and varied experiences contributing to social, intellectual, physical, and emotional development.

2) Integrate educational aspects of various Head Start components in daily program of activities.

3) Involve parents in educational activities

4) Identify/reinforce home experiences that parents can utilize as educational activities.

1B. Supervise writing of educational plan.

* Coordinate with components to compose plan including educational service objectives and performance standard compliance.

2B. Insure procedures for on-going observation, recording and evaluation of each child's growth and development.

* Coordinate information with Health Coordinator on child's development.

* Coordinate with Handicap Coordinator on valid assessment instruments to be used.

* Coordinate with Parent Involvement Coordinator for information sharing of child's needs, development.

* Coordinate with Social Service Coordinator information sharing from agency providing referral services.

3B. Enhance knowledge and understanding of parents and staff as to educational and developmental needs of children.

* Parent and Social Service Coordinators assist in defining needs of parents and planning, implementing parent program.

* Gain information on children from all component coordinators to share with educational staff and parents.

* Cooperate with other component staff members to plan orientation and training program for parents, staff.

4B. Meet with parents, staff, policy group to discuss education objectives and performance standards.

* _____

5B. Insure that educational program is individualized to meet special needs of children.

* _____

C. SOCIAL SERVICES COMPONENT

Elements of Social Services Component:

1) Establish recruitment process.

2) Provide enrollment of eligible children.

3) Assist family in its own efforts to improve the quality of family life.

4) Make parents aware of community services and resources and facilitate use.

1C. Develops/implements recruitment and enrollment of eligible children including handicapped.

* Coordinates with Parent Involvement Coordinator to locate new children or siblings.

* Communicates to Educational Coordinator the enrollment of handicapped needing special services.

* Coordinates with Handicap Coordinator to utilize recruitment campaign strategies in community.

* Coordinates with Health Coordinator on recruitment from resource agencies.

2C. Maintains information on available community resources, makes referrals for follow-up.

* Shares information with Health Coordinator on services available.

* Collaborates with Handicap Coordinator on establishing resource contacts.

* Communicates with Parent Involvement Coordinator for maintaining services established by parents.

3C. Identifies family needs for which community services are inadequate and works to develop programs to meet needs.

* _____

4C. Writes, implements and evaluates the overall social services plan.

* Solicits input from parents on social service needs to be included in plan.

* Works with other component heads to establish priority of social service needs.

5C. Establishes and maintains confidential and pertinent family data including enrollment forms, referral and follow-up reports, contacts with other agencies.

* Shares necessary information of reports and contacts with other agencies with the appropriate coordinators in order to avoid duplication of contacts with community agencies.

* Periodically reviews and reassesses families' needs and plans for meeting these needs. This may be done with entire staff in a group.

6C. Identifies family needs for which community services are absent or inadequate and works with other agencies to develop programs to meet those needs.

* Works with families and all other coordinators to recognize needed community resources or gaps in services.

* Informs Head Start Director about needed services and involves the Director and/or other staff as advocates for needed community services.

* Collaborates with representatives of other agencies to expand inadequate services or initiate new programs.

7C. Establishes a role of advocacy, when needed, for services to Head Start families.

* _____

8C. Provides counseling, emergency assistance or crisis intervention to families.

* _____

D. PARENT INVOLVEMENT

Elements of Parent Involvement Component

1) Provide planned program of experiences and activities supporting parental role.

2) Provide program that recognizes parent as:
   Responsible guardian
   Prime educator
   Contributor to Head Start program.

3) Provide for parent participation in:
   Program decision-making
   Participation in classroom
   Parent activities.

1D. Arranges parent program to enhance parenting skills.

* Coordinates with Social Service Coordinator to locate educational opportunities and refer families to resources.

* Collaborates with Social Service, Handicap and Health Coordinators to inform families of services to meet basic life support needs.

* Coordinates with Education Coordinator/Teacher to provide parent teacher conferences/home activities.

* Coordinates with all other coordinators in providing materials and activities to expand parent's knowledge of child development, mental health, dental care, nutrition and general skills in parenting.

2D. Assumes responsibility for recruiting, training, involving parents in decision making, classroom participation activities, work with own children.

* Coordinates with Director in recruiting, training and involving parents in program planning, decision making.

* Coordinates with Education Coordinator in classroom participation.

* Coordinates with all in expanding parents' knowledge of child development.

3D. Assumes responsibility for writing, implementing and evaluating the parent participation program that meets objectives of performance standards.

* _____

4D. Plans and implements regular communication between Head Start program and parents.

* _____

5D. Maintain communications among program management, program staff, and parents.

* _____

E. NUTRITION

1E. Must identify the nutritional needs and problems of the children in the Head Start program and their families.

* Coordinate with Teacher or Educational Coordinator plans for child's nutritional program and share information on family situation.

* Parent Involvement/Social Service Coordinator: cross reference and information sharing on family situation.

2E. Introduce a variety of foods to child to broaden food experience.

* Share information with Teacher and provide guidance to Educational Coordinator in developing classroom activities.

* Coordinate with Health Coordinator/cooks on preparation of meals for children, particularly special diets for children with problems.

3E.	Training for staff in principles of nutrition and their application to child development and family health.

* _____

4E.	Families receive education in the selection and preparation of foods to meet the family needs.

* _____

F. HANDICAP COORDINATOR

1F.	Handicap Coordinator coordinates with Health Component by:

* Providing up-date information on available funds delegated to agency for provision of direct services to handicapped children.
* Providing coordination with available information on use of community resources providing services.
* Coordinating transference of records/data from resource agency if child recruited.
* Coordinating and assisting in planning training activities for parents regarding serving handicapped child.
* Channeling/distributing materials developed on these areas.

* Providing assistance if needed in selection of board members from agencies serving handicapped children.

* Assisting when needed in collecting records on child, particularly if recruited from resource agency.

* Helping in obtaining diagnosis by informing Health Coordinator of available local, state, regional resources/efforts providing screening/diagnostic services.

* _____

* _____

2F. Handicap Coordinator coordinates with Parent Involvement Coordinator by:

* Channeling information/materials to coordinator for use in establishing training for parents of handicap children.

* Helping in recruiting parents into parent program of newly enrolled Head Start children.

* Sharing available materials that would increase parent's knowledge of child's handicapping condition.

* Providing coordination of necessity of home-visits to families of handicapped children.

* Sharing information with coordinator regarding new policy or service efforts in handicap area.

* _____

* _____

3F. Handicap Coordinator coordinates with Education Component by:

* Channeling material to coordinator/teacher useful in establishing written plan.
* Channeling material available on use of assessment tool.
* Channeling material available.
* Coordinating if necessary home visits to family of handicapped child.
* Coordinating if necessary with Parent Involvement/Social Service Coordinator plans for home visit by education staff.
* Coordinating training efforts from specially funded/state levels regarding services to handicapped child.
* _____

4F. Handicap Coordinator coordinates with Social Service Component by:

* Providing assistance in recruiting handicapped children.
* Providing materials available from regional/state offices on recruitment.
* Providing needed information on use of available resources serving handicapped children.
* Channeling information/materials developed on utilization of resources.
* Sharing information when appropriate on family needs or on services available for meeting needs.
* _____

5F. Handicap Coordinator coordinates with Nutrition Component by:

* Assisting in establishing nutritional plan by sharing/clarifying available data on child's specific health needs due to handicapping condition.
* _____

CASE STUDY: HEAD START TEACHER REPORTS NEED FOR NUTRITIONAL PLAN ON CHILD.

I'm Sally Young and I have been a Head Start teacher for four years in a small urban center. During the second month of this program year, my assistant teacher approached me with a strange situation. She had discovered a set of new, thick, sponge-shaped forms that were covered with deep teeth marks all over them. I couldn't imagine who had been chewing on the sponges. My assistant hadn't noticed any child putting these into their mouth. So, we decided that we should observe the water play area where the sponges were being used a lot more carefully during the next week.

During this observation time we both noticed that a little girl, Christy, 4 years and 9 months old, was the one putting the sponges in her mouth and chewing on them. She did this several times during the morning classroom period.

Christy was a tiny, frail little girl. I had often wondered if she were anemic. She appeared tired a lot and often cried at the least disturbance. We decided to observe Christy even more for the next few days and record notes on her behavior. Well, when we compared our observations, we discovered that Christy not only was chewing on sponges but was putting almost everything and anything into her mouth that would go in. She had in the course of the week eaten clay several times, tasted finger paint, placed the paint brush at the easel in her mouth, licked her fingers after using chalk, eaten bits of play dough, tasted white glue, chewed on tongue depresssors, and gnawed on a variety of wooden and plastic manipulative materials. She would pick over her lunch and snack and choose the sweet items most of the time. She would, upon our suggestion, eat bites of vegetables. She did enjoy the milk though.

After we compared the notes and the high frequency of incidents where Christy was putting things into her mouth and eating inedible materials, I knew that something had to be done immediately. I have no information about Christy's home environment or about her health conditions. So, I really don't know where to begin. Who should I contact and what exactly can I do for Christy? Is there some way to get program coordinators involved so we can all pool our information and coordinate activities to help Christy?

1. Can you identify the component coordinators who should be contacted for providing coordination to Christy's problem?

2. Refer to your handout on component coordination. Notice the information you supplied to the task of devising a nutritional plan to meet special needs of children. If the tasks you have identified apply to this situation, list these down the left-hand side of the Coordination Activity Matrix. If these don't apply, try to identify appropriate tasks for coordination and list these.

3. Refer to your Coordination Activity Matrix, and as a group, decide on the appropriate methods of collaboration that the coordinator can undertake with each program staff member.

* Adapted from case study developed by AAP Region IV Health Liaison Specialists.

COORDINATION ACTIVITY MATRIX

ACTIVITIES/TASKS	DIRECTOR	TEACHER	HEALTH COORD.	SOC. SVC. COORD.	HANDI. COORD.	P.I. COORD.

KEY

C - communicate and share information
D - define role responsibilities for accomplishing task
M - meet and set out plans
R - request shared action
E - evaluate coordination of service delivery

CASE STUDY: EDUCATIONAL COORDINATOR - DEVELOPMENT OF EDUCATION PLAN FOR HANDICAPPED CHILD.

I am very concerned about Jimmy, a four year old in one of our program's classrooms. He was referred from the local Cerebral Palsy Center this fall. Jimmy's referral was no problem for us; all the papers, developmental records, diagnosis were shared and discussed with our staff by the agency representative. Jimmy is in the classroom three full days a week and two half days. The mornings of the two half days he's receiving therapy from the center.

The problem is that I'm not sure the classroom experience in Head Start or his family are providing good follow-up. I would like to see the things he does in the classroom help his development in fine motor and language areas -- those are his weakest. I really haven't talked with the worker from the Cerebral Palsy Center since his initial referral, so I'm not sure just what he does there in the mornings. I wouldn't want to set up a program in the classroom that would conflict with his other one.

Jimmy's teacher is aware of the need for an individualized educational program for all the children -- but it is really hard for her to develop individual plans for every child -- she has 24 children and only one assistant teacher. I have shown her how to use an assessment book that helps her know how Jimmy's development is progressing. But I really need to sit down with her, once I know more information, and help plan a weekly program that will involve Jimmy more in activities that will require him to use his hands and to begin language stimulation exercises.

Wouldn't it be wonderful if the family could have some ideas of activities to use with Jimmy at home. I haven't talked with the parent coordinator, but I did hear from the assistant teacher who made a home-visit with the teacher, and she said that Jimmy's mother worked night shift at a local factory and his father deserted them last year. So, Jimmy's fifteen year old sister keeps him and two other children at night. I wonder how I could arrange for some home follow-up. I really need to learn more about the situation.

I guess the best place to begin though in providing Jimmy with a prescriptive program meeting his special needs is with his teacher.

I have really got to try my hand at some coordination of tasks here. There are some things that I can't do myself, but I know other program staff can help me.

But how do I begin?

1. Assuming that the Head Start Coordinator is not going to give up on this problem, what suggestions can you recommend to her for beginning coordination? Refer to your handout and the information you have supplied to the task of devising an educational plan to meet special needs of children. List these tasks/suggestions down the left-hand side of the Coordination Activity Matrix.

2. Refer to your Coordination Activity Matrix and as a group decide on the appropriate methods of collaboration that the coordinator can undertake with each program staff member.

COORDINATION ACTIVITY MATRIX

ACTIVITIES/TASKS	DIRECTOR	TEACHER	HEALTH COORD.	SOC. SVC. COORD.	HANDI. COORD.	P.I. COORD.

KEY
C - communicate and share information
D - define role responsibilities for accomplishing task
M - meet and set out plans
R - request shared action
E - evaluate coordination of service delivery

Intrastaff Communications and Interactions

Unit 3

UNIT III

INTRODUCTION

Since communication and interpersonal skills are an essential ingredient to any coordination of work, this section has been designed to provide some information about basic concepts of relationships and communication techniques. The information may be reviewed by lecture or group discussion. The accompanying exercises will permit greater group participation and involvement in the learning experience. Modification or inclusion of additional information and exercises is encouraged for this section is only a cursory examination of important concepts and skills.

There would be real benefit in having an experienced Mental Health professional lead the session since they can provide additional resources and skills in handling a group. An experienced "outside" person can also provide objectivity in the examination of principles of communication and interpersonal relationships as they apply to the day to day interaction of component heads. Such skills are often needed in maintaining the group's focus on the principles without permitting a destructive exchange of past resentments.

Role playing should never be used to expose or embarass the participants. The outside professional should always assume the role of the person who is to be critiqued by the group or who has the responsibility of establishing appropriate and constructive ways to handle difficult situations. Such a procedure provides learning without leaving participants exposed to criticism or rejection by the group.

I. Basic concepts in staff interactions

The understanding of several basic concepts in intrastaff relationships are helpful to staff members who wish to improve their working relationships and enhance their communication skills. The following concepts may suggest areas for consideration:

1. Expectations of staff roles affect the nature of the relationships. Because these expectations are often assumed and not verbalized, staff members may experience frustration and disappointment with persons who don't fit their role expectations. An open discussion of mutual role expectations can often remove existing or potential barriers to a good relationship.

2. Staff members who receive help or services from another staff member usually experience a feeling of dependency. Dependent relationships often produce some hostility and resentment on the part of the dependent person. When this occurs, the receiver may not show appreciation for help and the helper may feel resentful at not being appreciated. Recognition of this common dynamic can minimize the personal resentments and encourage staff members to more freely give and receive help from each other.

3. Staff members often form initial impressions and assign labels to each other. Such labels are often the basis for a continued stereotyping that may close the door to constructive relationships. Staff members may be labeled indifferent, uncooperative, rigid, irresponsible, rejecting, etc. Recognition of the labeling process can minimize the problem. Examination of specific behaviors with an effort to understand the reasons behind them and ways to alter the behaviors may help avoid the labeling trap.

4. Staff interactions are chain reactions. Problem relationships are not a result of the behavior of any one person. What each person does affects the other person and a chain reaction is set off. These chain reactions become repetitious and predictable. These reactions can be observed and studied to see how they are set off, how they are reinforced, who picks up what cues and the part each plays in the chain reaction.

5. Collaboration is necessary to maintain a relationship in either a positive or negative stance. One person cannot carry on a relationship alone. Much frustration can be avoided by concentrating on changing ones own behavior rather than fixing blame or expecting change in the other.

6. All staff members have "ghosts" from their background experiences. Persons tend to assume attitudes, prejudices, anxieties and expectations that are carry-overs from early life experiences. These "ghosts" frequently are more responsible for ones behavior in a relationship than the present reality situation. If both staff members can become more aware of "the ghosts" in their relationship, misunderstandings can be minimized and positive steps for change can be initiated.

7. Change in a relationship can be made by one person. Either person can assume a different role, attitude or behavior and alter the nature of the relationship. It is important, however, that the person making the change be consistent and stick to the change he/she makes.

II. Communication Techniques

Recognition and use of the following basic communication skills can improve intrastaff relationships.

1. Listening - Often staff members are poor listeners because they...

- are thinking about whay they'll say next
- think they already know what is being said
- are looking and not listening
- are preoccupied with other activities
- are made deaf by emotions and are too angry to listen
- listen to words but miss the main idea

Since staff members communicate more by speaking and listening than through writing, some definite listening skills can be acquired by thoughtful practice. Greater success in our intrastaff communications can occur if staff members learn to...

- concentrate on what they are hearing
- question what they are hearing
- constantly review what they are hearing and fit information together
- listen for main ideas and for overall impressions
- be aware of details and their relationship to thrust of conversation
- listen for exaggerations and inconsistencies
- look directly at person who is talking
- give appropriate non-verbal responses to speakers comments.

2. Looking at Body Language

Much of communication is non-verbal and is often so much a part of everyday experience that the cues or body language may be unconsciously recognized and considered as intuitive experiences. With conscious effort, however, staff members can enhance their skills in "reading" the cues and recognizing the non-verbal communication.

The following signals should be observed:

- tone of voice - piercing, monotone, demanding
- speed of speech - clipped, dragging
- posture - rigid, slouched, attentive
- movement - agitation, tenseness, gestures
- facial expression - boredom, amusement, sneer
- verbal and non-verbal inconsistency

3. Facilitating Responses - There are numerous responses that can facilitate the communication of staff members. Such responses encourage the speaker to continue and expand his communication.

   a. Door openers - In his Parent Effectiveness Training, Thomas Gordon has called this simplest response a door opener, because it acknowledges the sender's message with a "yes, oh, I see" or simply a nod, and merely permits the speaker to continue. The message has been received and acknowledged and the speaker can continue with the knowledge that he is being heard and the listener is permitting the speaker to continue.

   b. Replicative Feedback - In this response the receiver of a message replicates or paraphrases a message that he has received and sends it back. When the message is sent back as one hears or perceives it, the sender then has the opportunity to hear how the message was received and if it was received as intended by the sender. Replicative feedback gives the sender an opportunity to correct misperceptions or be aware of possible misunderstandings. It is also a continuation response for the sender because it demonstrates the receiver's interest and willingness to check out the accuracy of the messages he is receiving.

   c. Active Listening - When the receiver of a message hears and responds to the content and also the feeling associated with the content, he is active listening. The receiver in this kind of continuation response is actively engaged in grasping the words but also the meaning of the message or experience for the sender. The recognition of the feeling behind the sender's words gives the sender emotional support and the experience of being understood. Such experiences can demonstrate the receivers spirit of genuine respect for the worth and dignity of the sender.

      When people are listened to sensitively, they tend to listen to themselves with more care and make clear exactly what they are feeling and thinking. Not the least important result of listening is the change that takes place within the listener himself. Listening tends to alter the attitudes of the listener. Facilitating responses provide a growth experience for both senders and receivers.

4. Communicating "I Messages". Communication between staff members can be more open and relaxed if persons can acknowledge their perceptions, their experiences and feelings. Messages sent in the first person carry more weight and authenticity than vague, general comments or blame that may be incorrectly placed on another staff member. The recognition that "I experience", or "I feel" by one staff member can elicit a similar openess from the other person and thus facilitate the communication.

   "I messages" are infinitely more effective because they do not affix blame or create resistance. Also, they place responsibility on the listener to be sensitive to the sender's message and feelings. It takes some courage to send "I messages" because a person is

exposing his inner feelings in a relationship, nevertheless, telling someone what you are feeling is much less threatening than accusing him of causing your bad feeling and can ultimately make the rewards of relationships well worth the risks.

5. Interpreting Differences and Clarifying Issues. Frequently in interpersonal relationships, it is helpful to state in an objective fashion the differences on positions that may be a source of disagreement. Understanding and accepting differences can permit two persons to maintain the disimilar positions but with mutual respect. Being able to recognize and articulate differences as well as the background experiences that may have created them, and to comprehend the implications of such differences can facilitate a relationship. Persons with varying backgrounds and persuasions, can have meaningful and productive relationships and communication when differences are verbalized, understood and accepted.

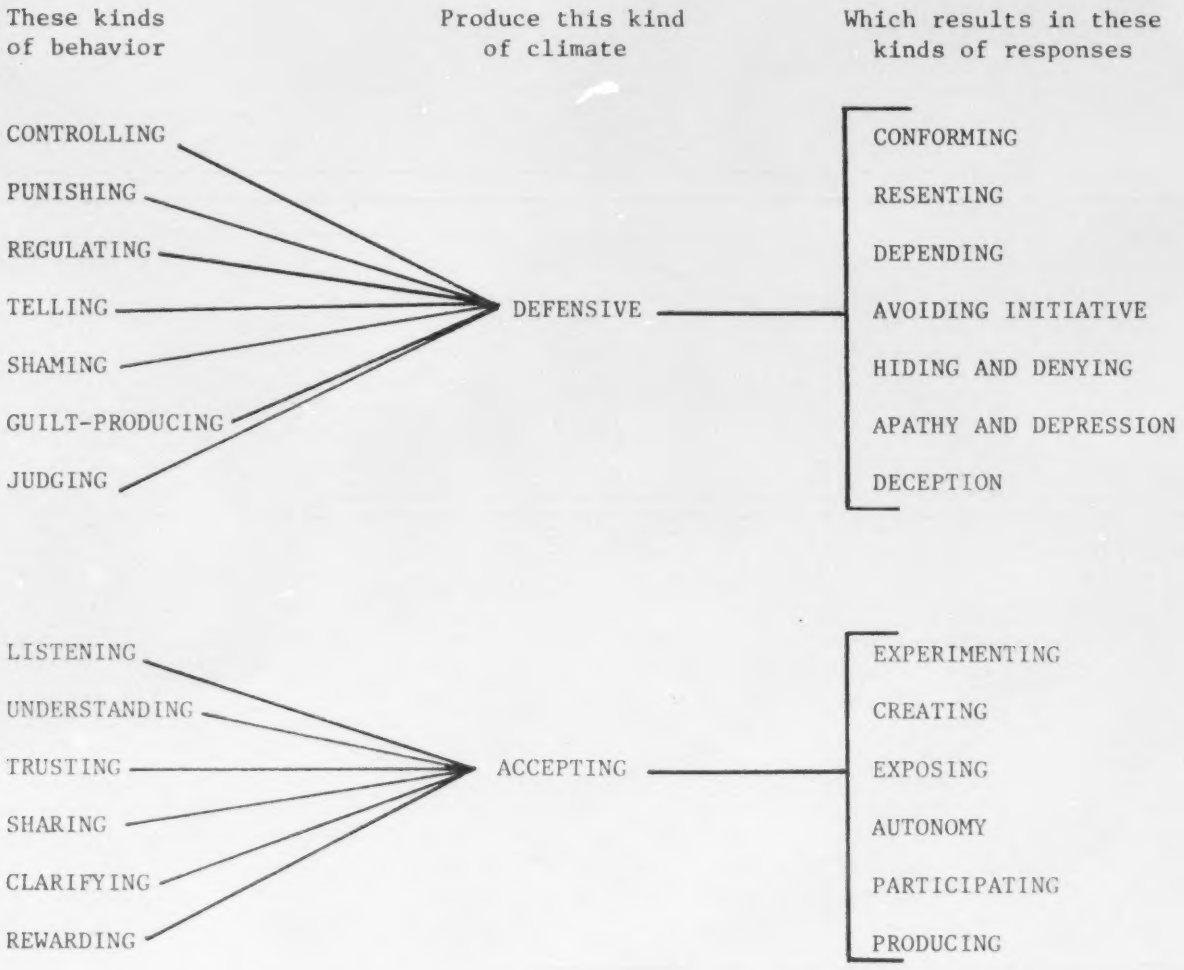
6. Mutual Problem Solving. Often experiences that are problematic with fellow staff members leave one frustrated and feeling responsible for situations to which there seems to be no easy solution. sometimes a problem is dumped on one's lap and at that point the possibility of jointly finding solutions may not occur to the bewildered person. The wise staff member will always readily acknowledge the existence of a problem and solicit possible solutions from fellow workers. This immediately makes for an alliance or partnership as persons seek an acceptable solution that will be mutually agreeable. Such action can quickly transpose a blaming attitude into a constructive problem oriented focus in which two or more people use their knowledge and skills to solve problems.

III. Creating Constructive Climates

Most persons have learned in early life some techniques and strategies for accomplishing their purposes. Often these are a reflection of the treatment they received. Some have learned to be controlling, judging, punishing while others may be much more understanding, trusting, or cooperative. Certain behaviors consistently produce defensive attitudes in others which in turn, produce responses that are counter-productive. On the other hand, other behaviors create an accepting climate that evokes constructive responses. The diagram on the following page lists the behaviors that produce defensive and accepting climates. When outcomes can be routinely predicted, it seems that the conscious effort to create accepting climates by all staff members would be a worthy goal.

DEVELOPING A CLIMATE FOR EFFECTIVE COMMUNICATION

The climate of a group affects the ability of group members to work well together. One way to conceptualize the influence of group climate is diagrammed below:



Communication Activities

Listening: Divide group into pairs. Let couples sit back to back and take turns talking for five minutes each on the subject of "My biggest frustrations about being a _____ coordinator (or role) are . . . ." Before the exercise, review the reasons for poor listening and areas for attending listed elsewhere in this section. Afterwards, permit the couple to give each other feedback about the difficulties of listening and talking for five minutes without visual cues.

Looking at Non-Verbal Cues: Divide your participants into groups of three. Designate one person in each triad as an observer. Give the other two roles to play. Do not announce the purpose of the role play or the nature of the things to be observed, as this will inhibit the non-verbal cues. Have observer use form at end of this unit for observing non-verbal cues. Assign one of triad members to be an angry parent whose child has been knocked down and received a bad bruise at the Head Start program. She has come to complain bitterly about the poor quality of care. The other person should play the role of the Education Coordinator who has been filling in all day for one of the teachers who was out ill. The teacher aide was new in the program and not very helpful. The Education Coordinator is tired and has also had several previous experiences with this "overprotective" parent and is very annoyed as the mother approaches her.

Following the role play and the observers taking notes, permit feedback among the triads of cues that were observed by observer and/or each of the role players.

Replicative Feedback: Give two participants two opposing roles with differences about which they have strong feelings. Have each participant state his position. The opponent must restate the first person's position in an acceptable manner before he is permitted to reply. The discussion continues in this manner with each having to state the opponents argument acceptably before he can respond. A heated disagreement is best for this exercise which demonstrates how hard it is to hear when one's own perception affects what one hears.

Active Listening: Ask the group to write responses to each of the three statements.

"This has surely been a long day."

"The handicapped child in my classroom surely does require a lot of attention."

"I don't understand what the Health Coordinator is supposed to be doing. I never see her working."

After all participants have written responses, encourage them to share their responses with the group and discuss the possible feelings behind each of these statements. Be sure they grasp the correct understanding of active listening and its differentiation from replicative feedback.

Communicating "I Messages": This activity and group discussion should permit the group to distinguish between negative "I Messages" that are really blaming statements and thus destructive of relationships, and those that express one's feelings without attacking the other person.

Have two participants role play before the group. One person is a Health Coordinator who has planned for one of the Head Start children to go to the Public Health Department for a series of screening tests. On the day that she takes the child, the secretary at the Public Health Department tells her that Mrs. Greene, the Social Services Coordinator, had brought this child in two weeks ago for the same screening. Have the participants role play the next encounter between the Health and Social Services Coordinators, giving special attention to sending "I Messages".

Following the role play, engage the entire group in alternative I Messages that could have been used.

Creating Constructive Climates

Following lecture presentation about behaviors that create defensive or accepting climates, divide your group into triads with each triad having an A,B, and C. In each of the four successive role plays, the triad members will rotate the observer role. In each case two persons will be playing the roles assigned and written at the end of this section, while the observer notes their conversation and tries to determine which behaviors they are exhibiting. Role players are instructed to look at the page lising defensive and accepting types of behavior and choose one but to reveal this only through the acting and not to state his choice to either the observer or other role player.

Following each of the role plays, the triad is encouraged to discuss their experiences and their reactions as players or an observer.

In the sequence of four role plays, the leader should suggest that during the first two plays both participants select a defensive type of behavior. The negative experience of these two can facilitate the participants understanding of the positive experience of accepting behaviors later. In the third role play, one participant should assume a defensive behavior and the other one accepting. Both players should be instructed to have accepting behaviors during the final role play. Particiapnts should be encouraged in this final play to use their listening skills, I Messages, interpretation of differences and mutual problem solving.

Case 1

A - Observer
B - Education Coordinator - defensive behavior
C - Parent Involvement Coordinator - defensive behavior

Case 2

A - Social Services Coordinator - defensive behavior
B - Observer
C - Health Coordinator Role - defensive behavior

Case 3

A - Director - defensive behavior
B - Nutrition - accepting behavior
C - Observer

Case 4

A - Observer
B - Director - accepting behavior
C - Handicap Coordinator - accepting behavior

NON-VERBAL CUES DURING INTERVIEW

A	B
1. Tone of voice	
2. Body Posture	
3. Agitation, movement, gestures	
4. Facial expressions	

1. What did you learn nonverbally?

2. Were verbal and nonverbal cues consistent?

3. What kind of behaviors were easiest to read?

INTRASTAFF COMMUNICATION AND INTERACTIONS:
CASE STUDIES

CASE 1

Education Coordinator Role

You are the Education Coordinator. Mrs. Jones, the Parent Involvement Coordinator has been very energetic about recruiting volunteers to work in the classroom, but she has not coordinated the scheduling of this with you and/or the teachers. The teachers have complained that they do not know when to expect volunteers. Some volunteers are quite dependable and come regularly. Others come sporadically and resist doing routine type "clean-up" jobs. Recently, one of the teachers, Mrs. Owens, has come to you and has felt very frustrated because one of the parents of a handicapped child in her class has come and volunteered. This has caused the child to act up and become a behavior problem. She wants you to settle this problem with Mrs. Jones, the Parent Involvement Coordinator.

CASE 1

Parent Involvement Coordinator Role

You are the Parent Involvement Coordinator. You have recruited five parents to volunteer in the classrooms. One of the teachers, Mrs. Owens, does not want volunteers to "disturb" her class and has been rude to two of the parents on two separate occasions. Furthermore, one of these parents has a handicapped child in her class and the teacher maintains that the mother's presence is disturbing to the child and makes him a behavior problem. The parent has come to you and informed you of Mrs. Owens actions in making her feel unwelcome. You are now talking to the Education Coordinator about the situation.

CASE 2

Health Coordinator Role

You are the Health Coordinator. One of the parents in the program, Mrs. Smith, has said by phone they would not permit their child to have a tetanus shot at the Public Health Department, which is needed because Jimmy cut his hand on a rusty metal bar on the gate of the playground. You have not met the parents personally but you feel compelled to see that the child gets the shot. From conversations with the Special Services Coordinator, you know that she has a good relationship with the family. She has been very territorial and has not shared any medical information with you about other cases in the past, so you are resisting discussing the problem with her. She has overheard you discussing the problem with the director while she was working in the front office and says, "You've got problems, haven't you?" as you walk by. (Continue from this point of encounter.)

CASE 2

Social Services Coordinator

You are the Social Services Coordinator. You have been very concerned about the need for confidentiality since you are afraid other staff members will talk to their friends about some of the families. You have decided that it is best to do what you can for the families and keep your mouth shut. You have established good rapport with the families, but do not really like to work with the other staff members, whom you feel are too gossipy. When you were checking some files in the outer office today, you overheard the Health Coordinator telling the director that the Smith family was objecting, on religious grounds, to their child having a tetanus shot. As the Health Coordinator walked through the office you said, "You've got problems, haven't you?" (Continue from this point of encounter.)

CASE 3

Nutrition Coordinator Role

You are the Nutrition Coordinator. One of the families, the Warrens, object to eating pork. They have asked that you not serve pork to their child, Anne. You have agreed to have an alternate menu for Anne on the days that ham is on the regular menu. One day recently, Anne took some ham from another child's plate and told her family she had eaten ham. The angry parents called the director and complained about the fact that the agreement had not been kept. In turn, the director, Mrs. Cates, called you in and fussed at you for not keeping the agreement with the parents. She was very angry and said, "Can't you even follow through on a simple agreement like that?" (Continue from this point.)

CASE 3

Director's Role

You are the Director. About three weeks ago, one of the families, the Warren's, objected to their child having ham which is against their principles. You have turned this matter over to the Nutrition Coordinator and asked her to take care of this problem. Today Mrs. Warren has called you and complained that yesterday Anne reported that she had eaten ham at the Head Start Center. Mrs. Warren was very agitated that the agreement made regarding an alternate menu for Anne had not been kept. She is threatening to remove Anne from the program. You know nothing about the circumstances but are irritated that the Nutrition Coordinator did not follow through on the agreement. You have called the Nutrition Coordinator in and angrily explained your and the parents frustration. You asked "Can't you even follow through on a simple agreement like that?" (Continue from this point.)

CASE 4

Director's Role

You are the Director of a Head Start program that three months ago employed a new Handicap Coordinator. She is well qualified and has begun to recruit several handicapped children and establish liaison with several community agencies. She has been energetic, resourceful, and pleasant. Within the last two weeks the Social Services and Health Coordinator have come to you separately and suggested that since she has been employed to work with the handicapped children, they would think it best for them to withdraw from those cases. You sense some resentment on their part and as they have discussed the matter further, you learn that the new Handicap Coordinator has not made any effort to coordinate her work with theirs. You want the new Coordinator to feel appreciated for her hard work, but also to recognize the need for role clarification and coordination. You have asked her to come in this morning and talk with you about her work.

CASE 4

Handicap Coordinator Role

You are the Handicap Coordinator. You have been on the job for three months. You have worked very hard to recruit handicapped children and to establish a good liaison with several community agencies. You feel successful in having accomplished this. Today the Director has asked you to come in and discuss your work.

Coordination Of Components: Staffing

Unit 4

UNIT 4

INTRODUCTION

This unit is designed to provide information and experience in the utilization of a staff session to plan and coordinate services to the handicapped child and his family. Suggested procedures and role of the leader in conducting the meeting, case material and useful planning forms are included in the unit.

Although the Director may usually chair such a meeting, it is likely that the Handicap Coordinator or other staff members may fill the role. Any staff member may be called upon at times or may choose to initiate such a session because of his/her concern over the needs or coordination of services for a particular case.

The case material is designed to simulate the actual experience in a program where everyone has limited and different sets of information about the child or family. The staffing session can produce a more comprehensive picture by the sharing of information and various perspectives. Each staff member should read through his piece of information and be prepared to share it informally with the group. The group leader will use the designated form for recording the group's delineation of the needs of the case, plans for services within Head Start and in other community agencies, assignment of staff responsibilities in the case and finally the plans for evaluation and follow-through at a later date. An observor's recording form is provided and should be utilized by a person who is not directly involved in the staffing activity, but who can note occurrences of role conflict objectively for the group. Feedback from the observor to the group should be provided at the end of the staffing. The entire procedure will usually require 45 minutes to an hour.

This unit may be unnecessary for many programs that have routinely scheduled staffings. Others may prefer to try a session with their own case rather than a hypothetical one. In any event, we do recommend such staffings and follow-up sessions as an essential strategy for coordinating and enhancing the program services.

Preparation for Staff Conference

Proper advance notification of time, place and case(s) to be considered is essential to ensure maximum participation. This enables staff members to give some advance thought to information they have or questions they wish to have the group consider. If time permits, a written summary of the case including all the present information may assist the staff in reviewing and planning. In the event that several cases are to be considered in one session, arrange for a priority of urgency by the sequencing of cases. If one case is postponed, it is one that can afford to wait. It is also helpful to establish an approximate time allotted each case to avoid spending the entire session on one case and rushing through others at the last minute. Plan for a meeting around a table if possible. The close interaction and writing space maximizes the group participation.

Personnel Participation

In a complete staffing, it is desirable to have all components present, plus the teacher and aide involved (or to be involved) with the child, to review and plan. It can be very helpful to invite representatives of other agencies (past, present, or future) with which the family is associated. This can give perspective by additional information on the child or family, the family's use of resources, available potential, agency resources, and guidelines for appropriate planning in use of other resources.

There can be multiple variations on the personnel attending. In some cases two or three persons may need to meet for particular planning. A small group, however, should be sensitive to the need to inform others of their plans.

Role of Chairperson:

The ability of the chairperson to perform multiple roles in large measure determines the effectiveness of a staff conference. The multiple roles of the chairperson include the following:

1. Convener - The prompt beginning and termination of a meeting reinforces peoples' punctuality and their attentiveness since it doesn't drag on indefinitely.

2. Facilitator for Participation - The recognition of each person's worth through listening and/or soliciting suggestions from all members can increase the participation. Clarifying points, issues or differences to the participants' satisfaction puts things in perspective and minimizes misunderstandings.

3. Synthesizer - The chairperson must assume some responsibility for leading the group in drawing together a workable plan that utilizes the essence of various suggestions and staff abilities. This involves both drawing out ideas, and helping the group to modify or appropriately combine them with other suggestions.

4. Arbitrator - A chairperson must enable persons or groups with different opinion to examine the issues and possible options for solutions. If a specific action is not dictated by optimum service, established policy, or administrative necessity, the chairperson

must clarify the differences or problem and let the group choose the best course of action.

5. Task Advocate - The chairperson must keep the group on target and task oriented. Tangential comments should be quickly related to the task at hand and the group must be pushed to complete the task within the time allotted. Being a task advocate also includes following through after the meeting. This means seeing that the tasks that have been assigned or assumed are completed and that subsequent meetings and evaluations are held.

STAFF CONFERENCE PLANNING FORM

Areas of needed services (medical, educational, financial, nutritional, therapy, etc.	Services provided by Head Start	Services provided by other agencies	Staff persons responsible for implementation and/or liaison	Date of Review and Evaluation
1.				
2.				
3.				
4.				
5.				

DIRECTOR

Jimmy Jones, age 4, has been enrolled in a classroom in your Head Start program since the fall. The local Cerebral Palsy Center referred Jimmy to your agency upon hearing publicity about Head Start recruiting handicapped children. They felt it would provide Jimmy the opportunity to interact with other non-handicapped children in a classroom setting. Parental support for his inclusion in Head Start was handled by the agency. In fact, Jimmy arrived with the appropriate papers and documentations. Some data on his family was shared with all staff along with pertinent information on his disability and development.

Jimmy attends Head Start three full days a week and two half days. The mornings of the two half days he receives therapy from the referral agency.

The Social Services Coordinator has not maintained as strong a contact with the agency as you would like to see. The local Handicap Coordinator mentioned to you that he felt some continuity should be built in for Jimmy between the classroom and his service program at the agency. He is hesitant to initiate a visit to the agency since he does not want to by-pass the Social Services Coordinator. He has, however, shared these feelings with the Education Coordinator who supports the need to work more closely with the Cerebral Palsy Center.

As program director, you feel the need for a team approach in providing services to the children in your program--but there are so many variables to be aware of--so much that is interpersonal relationships. How can you attempt to serve as a catalyst for a more coordinated effort in this situation?

EDUCATION COORDINATOR

Jimmy Jones, age 4, has been enrolled in one of the program's classrooms since the fall. Jimmy's referral from the local Cerebral Palsy Center was no problem: all the papers, developmental records, diagnosis, were shared and discussed with your program staff by the agency representative. Jimmy is in the classroom three full days a week and two half days. During the mornings of the two half days he receives therapy from the center. You are beginning to wonder if the classroom experience is contributing to his developmental progress. You do not want to set up a program in the classroom that would conflict with his program at the agency center.

You know Jimmy's teacher is aware of the need for an individualized, prescriptive educational program for all children. You have provided training to her in the use of a classroom assessment tool that helps her know how to plan for Jimmy. Yet, you really feel the need to sit down with her, once you have more information, and help plan a weekly program that will involve Jimmy more in activities in fine motor and language areas - his delays. But you are sensitive to the harm that could result if these plans are not coordinated with the agency's therapy program.

What do you need to do?

Jimmy Jones, age 4, has been enrolled in one of the program's classrooms since the fall. Jimmy's referral from the local Cerebral Palsy Center was no problem for the program. You received through the Social Services Coordinator the necessary papers, developmental records, diagnostic information and some family data. All this information the referral agnecy has provided. Jimmy attends Head Start for three full days a week and two half days. During the mornings of the two half days he receives therapy from the center. You have not communicated with the worker from the Cerebral Palsy Center since Jimmy's initial referral. Neither have you received any additional information from the Social Services Coordinator concerning his development. You know he is due for a series of physical examinations that would include a written report and suggested plan for his fine and gross motor development. You do not wish to see a conflict between his on-going therapy at the agency and his Head Start program. There has been no communication of which you are aware with his family. So, the activities at home are of concern to you.

What do you need to examine and plan for at this point?

HANDICAP COORDINATOR

Jimmy Jones, age 4, has been enrolled in a classroom in your Head Start program since the fall. The local Cerebral Palsy Center referred Jimmy to your agency upon hearing the publicity about Head Start recruiting handicapped children. They felt it would provide Jimmy the opportunity to interact with other non-handicapped children in a classroom setting. Parental support for his inclusion in Head Start was handled by the agency. In fact, Jimmy arrived with the appropriate papers and professional documentations. The Social Services Coordinator had been in contact with the agency and had arranged for the agency representative to share vital information with all program staff at a recent staff meeting. You have not been involved with the referral and feel a little resentful that the Social Services Coordinator did not share more with you.

You have provided the Educational Coordinator with teaching materials for teacher's use in the classroom. Also, you have provided some in-service training to the program's teachers in use of these items. Frequently you visit Jimmy's classroom, and he seems to enjoy the activities. His areas of delay are fine motor, gross motor, and language skills. The teacher tries to incorporate into the curriculum appropriate activities for him, but you would prefer seeing a more organized approach. Perhaps, the two of you could visit the Cerebral Palsy Center and observe Jimmy's program there.

All in all, you want to do anything possible to facilitate comprehensive services for Jimmy and his family. Also, you want to see a strong relationship maintained with the agency. Other referrals depend on this.

What should you try to do now?

SOCIAL SERVICES COORDINATOR

Jimmy Jones, age 4, has been enrolled in one of the program's classrooms since the fall. Jimmy's referral from the local cerebral Palsy Center was no problem. You were advised of Jimmy's family situation and all the papers, developmental records, diagnosis record were shared and discussed with you and the other program staff by the agency representative. Jimmy attends Head Start for three full days a week and two half days. During the mornings of the two half days he receives therapy from the center. You have not communicated with the worker from the Cerebral Palsy Center since Jimmy's initial referral. The therapy program is unfamiliar to you since there has been no exchange between the agencies.

You have little information about the family except what was provided in the data from the agency's records. There have been no home visits made, as far as you know.

The education coordinator has expressed to you her uncertainties about the classroom program for Jimmy. Yet, this conversation was a hurried one after a staff meeting, so she did not go into details.

The referral agency has sent you a brief letter a month ago regarding Jimmy's involvement in their program. Because of the work load on you, you have not had the opportunity to respond to it.

If Jimmy is to have a continuity between the agency and the Head Start experience, what can you do to be a catalyst for this?

PARENT INVOLVEMENT COORDINATOR

Jimmy Jones, age 4, has been enrolled in a classroom in your Head Start program since the fall. Jimmy's referral from the local Cerebral Palsy Center was no problem since the agency representative supplied the program's Social Services Coordinator with necessary papers on his diagnostic services and the developmental records. Some data on the family situation was also shared with you.

Jimmy is in the classroom three full days a week and two half days. The mornings of the two half days he receives therapy from the referral agency.

You have not had the opportunity to make a home visit, but the family data advised that Jimmy's mother is a single parent, her husband deserted the family two years ago, and she works the night shift at a local textile mill. There are three siblings: a seven year old girl, a twelve year old boy, and a sixteen year old girl who accepts responsibility in the home while the mother works.

The Education Coordinator has explained to you during a brief encounter that she and Jimmy's teacher are concerned about his involvement in Head Start classroom and about his home activities. You are not really that knowledgeable about curriculum planning for handicapped children, although you have attended some cluster training workshops. Still, you would like to see that Jimmy is receiving services from the referral service and Head Start that are complementary and not conflicting. The ideal situation would be to arrange for home follow-up so that the sister and mother could learn activities to use with Jimmy for aiding his development.

There's a lot of information to be collected, and just where should your role fit in?

NUTRITION COORDINATOR

Jimmy Jones, age 4, has been enrolled in a classroom in your Head Start program since this fall. Jimmy's referral from the local Cerebral Palsy Center was no problem since the agency representative supplied the program's Social Services Coordinator with necessary papers on his diagnostic services and the developmental records. Some data on the family situation was also shared. There was no information available on his nutritional needs - that you received anyway. He seems to enjoy the meals in the classroom and the teacher has no problem with his eating habits. Still, you would like to know a bit more of the history on his handicapping condition so that you could plan for nutritional needs if any exist.

The Health Coordinator has discussed this with you, bur only superficially. No one else has communicated with you about the situation.

What do you think needs to be done?

SIMULATED PROGRAM STAFFING

Case Study

Observer's Record

Make notations on this form as you observe the group process during the simulated staffing exercise. Try to be aware of the group's behaviors in the categories below:

(1) Role Conflict, ambiguity, or overlap:

(2) Defensive Climate

(3) Accepting Climate

(4) Communication Barriers

(5) Nonverbal Expressions

(6) Hidden Agendas

(7) Task Denial or By-Pass

Following the closure of the staffing, share with program members your observations of the group process.

PROGRAM HOME TEAM EVALUATION AND GOAL SETTING

Program Name _____

As a program team, discuss the significant areas of program integration covered in this training. Each staff member should offer their perceptions of the training experiences, particularly in relation to their role within the home program.

The knowledge, specific techniques, and general awareness gained by each person will be valuable to the program team, and the sharing of this will, perhaps, open avenues for implementation of new methods for program coordination.

After your program staff has discussed all areas of training, and, likewise, all component variables, complete the goal setting below.

As a team decide on five specific measures/goals that you will strive to reach during the next month within your Head Start program.

1.

2.

3.

4.

5.

If, as a program team, you decide on a needed follow-up training effort for integration of components, intra-staff communications, role clarification, please note below the type of training and approximate date:

Training	Date

_____
Signed by Program Director